California Department of Education Education Technology Office 515 L Street, Suite 250 Sacramento, CA 95814

**Attention: DHS Certification of Eligibility** 

FAX To: (916) 323-5110 or (916) 323-5102

Due Date: Thursday, September 21, 2000

### I hereby certify that the governing board:

- 1. will meet program requirements related to a technology installation grant;
- 2. will meet the local match requirements related to a technology installation grant;
- 3. the priority listing of school sites indicated are eligible to receive technology installation grants and that those sites meet the definitions of a separate school site as defined by Education Code Section 52255.

4a. the required combinations (Education Code Section 52254(d)) states that "continuation schools, opportunity schools, educational centers, community day schools, and special education programs" that "are located on the same site as, on a site adjacent to, or across the street from, a comprehensive high school, shall be included, for application and funding purposes, with the comprehensive high school."

| Printed Name of Contact Person:     |                                   | on:            |                                 |                                | Phone:                                       |   |  |
|-------------------------------------|-----------------------------------|----------------|---------------------------------|--------------------------------|--|---|--|
| Signature of Sup<br>Governing Board |                                   |                |                                 | Date:                          |  |   |  |
| County Code                         | LEA Code                          | LI             | EA Name                         |                                |  |   |  |
| 36                                  | 10363                             | Sa             | n Bernardino Co. Off. of        | f Education                    |  |   |  |
| If no change,                       | leave blank                       | ;              |                                 |                                |  |   |  |
| Indicate only priority, and o       |                                   | •              | a new combination, ente section | r a "C", a nev                 |  |   |  |
| Column 1                            | Column 2                          | Column 3       | Column 4                        | Column 5                       | Column 6                                     | Column 7                                |  |
| New Combined<br>Status              | Alternative<br>School<br>Location | School<br>Code | School Name                     | Oct. 99<br>CBEDS<br>Enrollment | Want to<br>participate in the<br>DHS Program | October 2000<br>Estimated<br>Enrollment |  |
|                                     |                                   | 6069348        | Special Education               | 506                            |  |   |  |

| participate in the DHS Program.   |  |
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| Signature of Sup<br>Governing Boar | •                                 |                |                                    | Date:                          |  |   |  |
| County Code                        | LEA Code                          | LI             | EA Name                            |                                |  |   |  |
| 36                                 | 67710                             | Fo             | ontana Unified                     |                                |  |   |  |
| If no change,                      | leave blank                       | k              |                                    |                                |  |   |  |
| Indicate only priority, and        | v                                 | · ·            | a new combination, enter a section | ı "C", a nev                   |  |   |  |
| Column 1                           | Column 2                          | Column 3       | Column 4                           | Column 5                       | Column 6                                     | Column 7                                |  |
| New Combined<br>Status             | Alternative<br>School<br>Location | School<br>Code | School Name                        | Oct. 99<br>CBEDS<br>Enrollment | Want to<br>participate in the<br>DHS Program | October 2000<br>Estimated<br>Enrollment |  |
|                                    |                                   | 3630878        | Porter (Ted I.) (Oppor)            | 43                             |  |   |  |

| participate in the DHS Program.   |  |
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|------------------------------------|-----------------------------------|----------------|------------------------------------|--------------------------------|--|---|--|
| Signature of Sup<br>Governing Boar |                                   |                |                                    | Date:                          |  |   |  |
| County Code                        | LEA Code                          | LE             | EA Name                            |                                |  |   |  |
| 36                                 | 67876                             | Sa             | n Bernardino City Unified          |                                |  |   |  |
| If no change,                      | leave blank                       |                |                                    |                                |  |   |  |
| Indicate only priority, and        | -                                 | -              | a new combination, enter a section | "C", a nev                     |  |   |  |
| Column 1                           | Column 2                          | Column 3       | Column 4                           | Column 5                       | Column 6                                     | Column 7                                |  |
| New Combined<br>Status             | Alternative<br>School<br>Location | School<br>Code | School Name                        | Oct. 99<br>CBEDS<br>Enrollment | Want to<br>participate in the<br>DHS Program | October 2000<br>Estimated<br>Enrollment |  |
|                                    | 36                                | 630043         | Carmack School for the Ph          | 4                              |  |   |  |

| participate in the DHS Program.   |  |
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| Signature of Sup<br>Governing Boar |                                   |                  |                                       |                                | Date:  |   |
| County Code                        | LEA Code                          | L                | EA Name                               |                                |  |   |
| 36                                 | 75051                             | $\mathbf{L}_{1}$ | ucerne Valley Unified                 |                                |  |   |
| If no change,                      | leave blank                       |                  |                                       |                                |  |   |
| Indicate only priority, and        |                                   | •                | a new combination, enter a "Cosection | C", a nev                      |  |   |
| Column 1                           | Column 2                          | Column 3         | Column 4                              | Column 5                       | Column 6                                     | Column 7                                |
| New Combined<br>Status             | Alternative<br>School<br>Location | School<br>Code   | School Name                           | Oct. 99<br>CBEDS<br>Enrollment | Want to<br>participate in the<br>DHS Program | October 2000<br>Estimated<br>Enrollment |
|                                    | ,                                 | 3630795          | Lucerne Valley Community Day          | 2                              |  |   |

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|--|-----------------------------------|----------------|---|--------------------------------|--|---|
| Signature of Sup<br>Governing Boar     | -                                 |                |   |                                | Date:  |   |
| County Code                            | LEA Code                          | L              | EA Name                                     |                                |  |   |
| 36                                     | Charter Se                        | chool A        | pple Valley Unified                         |                                |  |   |
| If no change,                          | leave blank                       | ζ.             |   |                                |  |   |
| Indicate only priority, and            |                                   | •              | s a new combination, enter a "C", e section | , a nev                        |  |   |
| Column 1                               | Column 2                          | Column 3       | Column 4                                    | Column 5                       | Column 6                                     | Column 7                                |
| New Combined<br>Status                 | Alternative<br>School<br>Location | School<br>Code | School Name                                 | Oct. 99<br>CBEDS<br>Enrollment | Want to<br>participate in the<br>DHS Program | October 2000<br>Estimated<br>Enrollment |
|  |                                   | 3630837        | Academy for Academic Excellence (           | 170                            |  |   |

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| County Code                         | LEA Code                          | LI             | EA Name                               |                                |  |   |  |
| 37                                  | 68304                             | Ra             | amona City Unified                    |                                |  |   |  |
| If no change,                       | leave blank                       | ;              |                                       |                                |  |   |  |
| Indicate only priority, and         | v                                 | U              | a new combination, enter a "C section | C", a nev                      |  |   |  |
| Column 1                            | Column 2                          | Column 3       | Column 4                              | Column 5                       | Column 6                                     | Column 7                                |  |
| New Combined<br>Status              | Alternative<br>School<br>Location | School<br>Code | School Name                           | Oct. 99<br>CBEDS<br>Enrollment | Want to<br>participate in the<br>DHS Program | October 2000<br>Estimated<br>Enrollment |  |
|                                     |                                   | 6106264        | Ramona Alternative Education          | 51                             |  |   |  |

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| County Code                        | LEA Code                          | LE             | EA Name                         |                                |  |   |  |
| 37                                 | 68338                             | Sa             | n Diego City Unified            |                                |  |   |  |
| If no change,                      | leave blank                       |                |                                 |                                |  |   |  |
| Indicate only priority, and        | -                                 | -              | a new combination, entersection | r a "C", a nev                 |  |   |  |
| Column 1                           | Column 2                          | Column 3       | Column 4                        | Column 5                       | Column 6                                     | Column 7                                |  |
| New Combined<br>Status             | Alternative<br>School<br>Location | School<br>Code | School Name                     | Oct. 99<br>CBEDS<br>Enrollment | Want to<br>participate in the<br>DHS Program | October 2000<br>Estimated<br>Enrollment |  |
|                                    | 60                                | 040083         | Riley (Special Day)             | 26                             |  |   |  |

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| Signature of Sup<br>Governing Boar | •                                 |                |                                 | Date:                          |  |   |  |
| County Code                        | LEA Code                          | L              | EA Name                         |                                |  |   |  |
| 39                                 | 10397                             | Sa             | n Joaquin Co. Off. of Ed        | lucation                       |  |   |  |
| If no change,                      | leave blank                       |                |                                 |                                |  |   |  |
| Indicate only priority, and        |                                   | •              | a new combination, ente section | er a "C", a nev                |  |   |  |
| Column 1                           | Column 2                          | Column 3       | Column 4                        | Column 5                       | Column 6                                     | Column 7                                |  |
| New Combined<br>Status             | Alternative<br>School<br>Location | School<br>Code | School Name                     | Oct. 99<br>CBEDS<br>Enrollment | Want to<br>participate in the<br>DHS Program | October 2000<br>Estimated<br>Enrollment |  |
|                                    | 6                                 | 6069215        | Special Education               | 129                            |  |   |  |

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| County Code                        | LEA Code                          | LE             | EA Name                 |                                |  |   |  |
| 40                                 | 10405                             | Sa             | n Luis Obispo Co. Off.  | of Education                   |  |   |  |
| If no change,                      | leave blank                       |                |                         |                                |  |   |  |
| Indicate only priority, and        | -                                 | -              | a new combination, ente | er a "C", a nev                |  |   |  |
| Column 1                           | Column 2                          | Column 3       | Column 4                | Column 5                       | Column 6                                     | Column 7                                |  |
| New Combined<br>Status             | Alternative<br>School<br>Location | School<br>Code | School Name             | Oct. 99<br>CBEDS<br>Enrollment | Want to<br>participate in the<br>DHS Program | October 2000<br>Estimated<br>Enrollment |  |
|                                    | 6                                 | 106769         | Special Education       | 79                             |  |   |  |

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| Signature of Sup<br>Governing Boar | •                                 |                |                                  | Date:                          |  |   |  |
| County Code                        | LEA Code                          | LI             | EA Name                          |                                |  |   |  |
| 40                                 | 68700                             | At             | ascadero Unified                 |                                |  |   |  |
| If no change,                      | leave blank                       |                |                                  |                                |  |   |  |
| Indicate only priority, and        |                                   | •              | a new combination, enter section | a "C", a nev                   |  |   |  |
| Column 1                           | Column 2                          | Column 3       | Column 4                         | Column 5                       | Column 6                                     | Column 7                                |  |
| New Combined<br>Status             | Alternative<br>School<br>Location | School<br>Code | School Name                      | Oct. 99<br>CBEDS<br>Enrollment | Want to<br>participate in the<br>DHS Program | October 2000<br>Estimated<br>Enrollment |  |
|                                    |                                   | 1030102        | West Mall Alternative            | 84                             |  |   |  |

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| County Code                         | LEA Code                          | LI             | EA Name                         |                                |  |   |  |
| 41                                  | 10413                             | Sa             | n Mateo Co. Off. of Edu         | cation                         |  |   |  |
| If no change,                       | leave blank                       |                |                                 |                                |  |   |  |
| Indicate only priority, and         | v c                               | U              | a new combination, ente section | r a "C", a nev                 |  |   |  |
| Column 1                            | Column 2                          | Column 3       | Column 4                        | Column 5                       | Column 6                                     | Column 7                                |  |
| New Combined<br>Status              | Alternative<br>School<br>Location | School<br>Code | School Name                     | Oct. 99<br>CBEDS<br>Enrollment | Want to<br>participate in the<br>DHS Program | October 2000<br>Estimated<br>Enrollment |  |
|                                     |                                   | 3069363        | Special Education               | 186                            |  |   |  |

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| County Code                         | LEA Code                          | L              | EA Name                  |                                |  |   |  |
| 42                                  | 10421                             | Sa             | anta Barbara Co. Off. of | Education                      |  |   |  |
| If no change,                       | leave blank                       | ζ.             |                          |                                |  |   |  |
| Indicate only priority, and         | v c                               | U              | a new combination, ente  | r a "C", a nev                 |  |   |  |
| Column 1                            | Column 2                          | Column 3       | Column 4                 | Column 5                       | Column 6                                     | Column 7                                |  |
| New Combined<br>Status              | Alternative<br>School<br>Location | School<br>Code | School Name              | Oct. 99<br>CBEDS<br>Enrollment | Want to<br>participate in the<br>DHS Program | October 2000<br>Estimated<br>Enrollment |  |
|                                     |                                   | 6069223        | Special Education        | 116                            |  |   |  |

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| This area is for any explanation or clarification you may have regarding your schools:  |  |
|   |  |

California Department of Education Education Technology Office 515 L Street, Suite 250 Sacramento, CA 95814

**Attention: DHS Certification of Eligibility** 

FAX To: (916) 323-5110 or (916) 323-5102

Due Date: Thursday, September 21, 2000

# I hereby certify that the governing board:

- 1. will meet program requirements related to a technology installation grant;
- 2. will meet the local match requirements related to a technology installation grant;
- 3. the priority listing of school sites indicated are eligible to receive technology installation grants and that those sites meet the definitions of a separate school site as defined by Education Code Section 52255.

4a. the required combinations (Education Code Section 52254(d)) states that "continuation schools, opportunity schools, educational centers, community day schools, and special education programs" that "are located on the same site as, on a site adjacent to, or across the street from, a comprehensive high school, shall be included, for application and funding purposes, with the comprehensive high school."

| Printed Name of Contact Person:     |                                   |                |                                 | Phone:                         |  |   |  |
|-------------------------------------|-----------------------------------|----------------|---------------------------------|--------------------------------|--|---|--|
| Signature of Sup<br>Governing Board |                                   | D-4            |                                 |                                |  |   |  |
| County Code                         | LEA Code                          | LI             | EA Name                         |                                |  |   |  |
| 43                                  | 10439                             | Sa             | nta Clara Co. Off. of Ed        | ucation                        |  |   |  |
| If no change,                       | leave blank                       | 7              |                                 |                                |  |   |  |
| Indicate only priority, and         |                                   | •              | a new combination, ente section | r a "C", a nev                 |  |   |  |
| Column 1                            | Column 2                          | Column 3       | Column 4                        | Column 5                       | Column 6                                     | Column 7                                |  |
| New Combined<br>Status              | Alternative<br>School<br>Location | School<br>Code | School Name                     | Oct. 99<br>CBEDS<br>Enrollment | Want to<br>participate in the<br>DHS Program | October 2000<br>Estimated<br>Enrollment |  |
|                                     |                                   | 6069371        | Special Education               | 388                            |  |   |  |

| participate in the DHS Program.   |  |
|---|--|
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| Printed Name of Contact Person: |  | on:            |  | Phone:                         |  |   |  |
|---------------------------------|--|----------------|--|--------------------------------|--|---|--|
|                                 | gnature of Superintendent or Local overning Board Representative:  Date: |                |  |                                |  |   |  |
| County Code                     | LEA Code   | LI             | EA Name                                |                                |  |   |  |
| 43                              | 69641  | Pa             | lo Alto Unified                        |                                |  |   |  |
| If no change,                   | leave blank  | :              |  |                                |  |   |  |
| Indicate only priority, and     | v c  |                | a new combination, enter a "C" section | , a nev                        |  |   |  |
| Column 1                        | Column 2   | Column 3       | Column 4                               | Column 5                       | Column 6                                     | Column 7                                |  |
| New Combined<br>Status          | Alternative<br>School<br>Location  | School<br>Code | School Name                            | Oct. 99<br>CBEDS<br>Enrollment | Want to<br>participate in the<br>DHS Program | October 2000<br>Estimated<br>Enrollment |  |
|                                 |  | 6048375        | Packard Children's Hospital/Stanfor    | 16                             |  |   |  |

| participate in the DHS Program.   |  |
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